

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED ANTHONY DIMATTEO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 12-2574-3(DEA)	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA V. GIORGIANNI, et al.,	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony Petty Offense <input type="checkbox"/> Misdemeanor Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	10. REPRESENTATION TYPE (See Instructions) CC	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
21:846 - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Edward Washburne, Esq. 229 Broad Street Red Bank, NJ 07701	13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Dates: _____  Signature of Presiding Judicial Officer or By Order of the Court  9-15-12	C Co-Counsel R Subs For Retained Attorney Y Standby Counsel
Telephone Number : 732-741-6681	Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	Nunc Pro Tunc Date
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$) TOTALS:					
Out of	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$) TOTALS:				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)				
18.	Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____	<input type="checkbox"/> Supplemental Payment
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Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, were you paid? YES NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE